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"THE FIRST YEAR"

Report of the
Suicide Prevention Provincial Advisory Committee
to the
Minister of Social Services and Community Health
The Honourable Bob Bogle

September, 1982

SUICIDE PREVENTION

PROVINCIAL ADVISORY COMMITTEE

Chairman:	**Dr. Menno Boldt**
Vice-Chairman:	**Rev. Tom James**
Members:	**Mr. Jack Butler** **Mrs. Thelma Chalifoux** **Prof. R.F. (Dick) Ramsay** **Miss Alice Romaniuk**

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SECTION I

STATEMENT OF OBJECTIVES

In August, 1981 the Honourable Bob Bogle, Minister of Social Services and Community Health of the Province of Alberta, established the Suicide Prevention Provincial Advisory Committee. By establishing this Committee, the Minister operationalized his expressed concern to reduce the rate of suicide in Alberta which had, over the past generation, become one of the highest in Canada.

Dr. Menno Boldt was appointed Chairman of the Committee with Rev. Tom James as Vice-Chairman. Other members are: Prof. Dick Ramsay, Alice Romaniuk, Thelma Chalifoux and Jack Butler. Members were initially appointed for a one-year term. Reappointments are to be staggered for one to three years. The membership was chosen to be representative of a cross-section of Alberta citizens. Prof. Ramsay is from Calgary, Alice Romaniuk and Rev. James are from Edmonton, Dr. Boldt from Coaldale, Jack Butler from Youngstown and Thelma Chalifoux from Peace River.

The Committee was to operate within the framework established through an R.F.D. (Request for Decision) whereby the Minister requested additional funds be set aside for suicide prevention and crisis intervention efforts. The R.F.D. provided a guideline for expanding suicide prevention, intervention and postvention efforts. The maior areas in which services were to be expanded had been identified in the 1976 Task Force Report on Suicide (Boldt Report) and involved outreach, education and training, and research. Specifically, the R.F.D. provided funds for outreach development in the smaller cities, rural areas and native communities; for a province-wide suicide information centre and education and training project; and for the establishment of a university-based suicide research centre.

The Ministerial Order (47/81) establishing the Committee authorized it to act in an advisory capacity to the Minister and set out the following five terms of reference: The Committee 1) advises the Minister on the development of

programs for suicide prevention, intervention and postvention; 2) makes recommendations for funding programs in the areas of direct service, public education, training and research in suicide prevention; 3) assesses the current and ongoing state of service delivery in the area of suicide prevention; 4) reviews the progress of projects and programs funded by the Department in the areas of suicide prevention, intervention and other related matters; and 5) reports to the Minister respecting the matters considered by the Committee.

By introducing the R.F.D. and the Ministerial Order that established the Committee, the Honourable Bob Bogle decisively placed Alberta on a path that will take it to the forefront of suicide prevention, intervention and postvention development.

The Committee met for the first time in July, 1981 and on August 31 a meeting was held with the Minister. In attendance were the Minister, all members of the Committee and Dr. Mark Solomon, the Provincial Suicidologist. It was agreed at that meeting that the Committee and the Provincial Suicidologist would work in close cooperation with each other, and that if a consensus was reached between them on the funding of individual programs and proposals the Minister would support them. Over the first year the Committee and the Provincial Suicidologist did, indeed, develop a productive working relationship.

During the past year the Committee has been quite active, meeting twelve times at various locations throughout the Province. Together with the Provincial Suicidologist, the Committee has consulted with many agencies and individuals, acting on a number of proposals for programs and projects in suicide prevention, intervention and postvention. This document is a report on the Committee's first year of operation.

Section II provides an overview of the approach taken by the Committee including the interrelationships among: 1) outreach, 2) education and training and 3) research.

In Section III the current status of programs is described. This section focuses on those programs and projects that have been funded in the areas of outreach, education and training, and research. Special emphasis will be given to the coordinated outreach programs which are being developed in Lethbridge, Fort McMurray, Medicine Hat, Grande Prairie and Red Deer.

Section IV deals with evaluation. Thus far the Committee has relied on the funded agencies to provide periodic updates on program progress. During the next year it will be important to develop a mechanism for ensuring that programs are independently evaluated. The Committee has set aside funds for this purpose. The Committee's approaches to evaluation will be discussed in this section.

Section V addresses our future directions. In that section the initiatives that we plan to take in the next year will be briefly presented.

There are four appendices. Appendix I provides a list of the agencies that we contacted in our travels throughout Alberta. Appendix II presents the original Lethbridge Community Network Model. In Appendix III the program highlights are outlined. Appendix IV provides a description of the Samaritan organization.

SECTION II

GENERAL OVERVIEW OF APPROACH

The Committee has taken the position that in order to reduce the rate of suicide in Alberta a coordinated approach to suicide prevention, intervention and postvention is necessary. Many suicidal people do not know how to access existing services. In the major metropolitan centres they often get lost in the maze of services that are available. In the rural and smaller urban areas they are at a loss to find appropriate services. A coordinated system of services to suicidal people must therefore include outreach. Services must be designed to better identify and serve people who are suicidal or who are bereaved by suicide. It is essential that each community or region in the Province have an identifiable suicide prevention service, and that there be recognition that various agencies within each community or region have an important role to play in suicide prevention. Where there are gaps in outreach services they must be identified and filled.

If suicide rates in Alberta are to be reduced there must also be systematic and effective education and training of gatekeepers in every community in Alberta. It would do little good to have a coordinated community outreach program or an identifiable suicide prevention service if staff in the various community agencies were not adequately trained to deal with the suicidal behavior of people, or if the public were unable to recognize suicidal behaviors or what to do for those who are identified as suicidal. In our travels throughout the Province one of the major needs expressed by agency representatives was for better training and public education in the area of suicide prevention.

Outreach services and public education and training must be based upon the most current research. This research must be addressed specifically to the Alberta situation.

These three elements - outreach, education and training, and research - should not be seen in isolation; they are, and must remain, interrelated if suicides are to be reduced in Alberta. Suicide prevention programs, projects

and community networks must be known to members of the public. They must have credibility in the community and therefore must be staffed by well trained personnel. The training that these people receive must be based upon the latest international as well as Alberta-based research. It is this coordinated approach that the Suicide Prevention Provincial Advisory Committee has taken over the past year.

Our approach to outreach has been one of learning what is currently being done in suicide prevention, intervention and postvention in Alberta and, jointly with the Provincial Suicidologist, to make recommendations to the Minister for funding programs and projects that would ensure a coordinated approach.

Our strategy in developing outreach services has been an active one. By the end of 1981 more than four hundred agencies throughout Alberta with an interest in suicide prevention, intervention or postvention were notified of the Committee's existence and were informed that funding was available for suicide prevention.

As agencies began submitting proposals for local community-based outreach programs the Committee developed a strategy for responding to them. To avoid duplication of suicide prevention services and at the same time to ensure a coordinated community response to suicide prevention the Committee decided that the most effective approach would be to visit the communities and hold meetings with representatives of the various community agencies. This would enable the Committee to become aware of what was presently being done in each community, help it to identify gaps in services and determine how best to proceed with the proposals. Since all funding recommendations required joint approval of the Committee and the Provincial Suicidologist, Dr. Solomon was invited to attend the community meetings and participated in the decision-making process.

In planning the itinerary for community meetings the Committee had to set priorities. It was important to be accessible to the agencies and to give each agency a chance to be heard. It was also important that concerned citizens have an opportunity to have their concerns heard and responded to.

Given the complexity of developing a coordinated community approach to suicide prevention it was decided that visits to a few selected communities for two or three days each would be better than to go on a "whistle stop" campaign across the Province. In making our initial selections of the communities to be visited priority was given to the major population centres.

Since several projects had already been initiated in the two largest population centres, Edmonton and Calgary, the Committee decided it would first visit the five smaller urban centres: Lethbridge, Grande Prairie, Red Deer, Medicine Hat and Fort McMurray.

The first meeting with community groups was held in Lethbridge on January 18 and 19, 1982. We met with thirteen agencies (see Appendix I). A public meeting was held on the evening of January 18 for citizens to express their concerns about suicide prevention, intervention and postvention services in the Lethbridge area.

The Committee and the Provincial Suicidologist learned much from these meetings. First, it became evident that there was a need for a clearly identifiable suicide prevention service in Lethbridge. The public forum revealed that citizens of Lethbridge were unsure where to turn for help when a member of their family, a friend or an acquaintance was thought to be suicidal. Although many agencies dealt with suicidal people and those bereaved by suicide, no one agency had suicide prevention as a focus. Second, there were several gaps in outreach services and a need for greater coordination of services. Each agency had dealt with suicide prevention, intervention or postvention in isolation from others. Referral patterns were random and no agency had developed the required expertise to offer a well-designed service. For example, nurses were concerned over the lack of adequate follow-up of suicidal patients discharged from the two Lethbridge hospitals. They had little information on what happened to patients who had attempted suicide once they had left the hospital. They wanted a specific and well coordinated network that could provide follow-up and also provide information back to referring agencies.

Third, there was a desire, expressed by many agency representatives, for a distress line. Most agency representatives were concerned that there was no service for a suicidal person to call for help after normal working hours and during weekends and holidays.

The fourth concern was an expressed need for more training and public education in suicide prevention, intervention and postvention. Agencies who were seen as resources in the community for helping people with suicidal behavior did not feel competent to handle these types of cases. Some of these agency staff would refer such people on to another agency just to be rid of the problem. From the point of view of the suicidal person, this referral maze and the gaps in outreach services are confusing and lead to hopelessness that one's problem can be dealt with. The need for training in suicide prevention was emphasized by representatives of the school system, who felt they were inadequately prepared to recognize suicidal clues or know what to do about them, yet were faced with a growing suicide problem among young people.

What was needed in Lethbridge was a coordinated community network of suicide prevention, intervention and postvention services. It was essential that an agency with credibility in the community be identified that could serve as a "flagship agency" and could organize a coordinated outreach program network. At the conclusion of the two days of meetings with the various community agencies and with people from the general community, the Centre for Personal and Community Development (C.P.C.D.) was identified as the preferred and appropriate agency to be designated the "flagship" in the Lethbridge area. An outline of their proposal for developing a coordinated suicide prevention service in Lethbridge will be discussed in Section III.

Meetings with agencies and public forums were also held in Grande Prairie on January 31 and February 1; Fort McMurray on February 24 and 25; Red Deer on March 8 and 9; and Medicine Hat on April 5 and 6. A list of agencies represented at these community meetings appears in Appendix I.

It became clear as we travelled throughout the Province that what was true of Lethbridge was also true elsewhere. All of the smaller cities lacked a coordinated suicide prevention network offering twenty-four hour active outreach, intervention and follow-up for suicidal people. It was also evident that communities throughout Alberta saw a coordinated outreach services network, and education and training as priority needs.

During the first year our Committee has worked diligently to help these communities initiate coordinated suicide prevention, intervention and post-vention networks. In addition to identifying gaps in services, this has involved assessing the readiness of agencies and communities to fill those gaps through better coordination of existing services; providing assistance, both financial and consultative; and encouraging action by agencies in communities throughout Alberta. Consistently and throughout, the approach of our Committee has been to achieve adequate suicide prevention services by emphasizing maximum utilization of volunteer resources and by improving the effectiveness of existing community agencies to deal with suicide, rather than by introducing new agencies.

While suicide prevention, intervention and postvention outreach services are best coordinated at the local level, the education and training, and research elements are more appropriately developed at the provincial level due to the concentration of expertise required. Our approach to education and training has been to support the development of a province-wide suicide information and education centre, and to upgrade local competence in suicide prevention, intervention and postvention through a formal education and training program. To meet the pressing need for more knowledge about suicide prevention, we have supported the development of a university-based suicide research centre.

A description of the programs, projects and community networks which we, jointly with the Provincial Suicidologist, have recommended and a status report as of September, 1982 are provided in the following section.

SECTION III

DESCRIPTION AND CURRENT STATUS OF PROGRAMS

In Section II a general overview of our approach was presented. We have stated that suicide prevention involves active outreach, education and training, and research, and that all of these elements must be interrelated. In this section the community networks and programs that our Committee has initiated or continued, during its first year of operation, will be discussed and brought up to date.

In regard to outreach three types of programs have been funded. These are 1) the community network projects in various stages of progress in the smaller cities of Lethbridge, Fort McMurray, Red Deer and Medicine Hat; 2) a "community friends" program in Calgary, a "self help" program, and an innovative approach to follow up suicide attempters in Edmonton; and 3) a suicide bereavement counselling program in Calgary which complements a similar program in Edmonton.

Three programs have been funded under the category of education and training. Two of these projects are administered by the Canadian Mental Health Association, Alberta Division: a resource centre called the Suicide Information and Education Centre (S.I.E.C.) and a province-wide suicide prevention training project. The third project operated by Native Counselling Services of Alberta will develop training networks and approaches for Native groups.

In the area of research the University of Calgary has been funded to develop a proposal for a research centre on suicide. The grant is allocated to develop a detailed research centre proposal and to upgrade the university library's research collection on suicide and self-destructive behaviour.

An outline of the key developments in each of these programs, projects and community networks is provided in Appendix III.

OUTREACH

COMMUNITY NETWORKS

Lethbridge: The Lethbridge project is being developed under the leadership of the Centre for Personal and Community Development. The C.P.C.D. was granted $24,994.00 for the developmental work in organizing a functioning coordinated multi-service community network of suicide prevention services in Lethbridge and adjacent rural regions. The C.P.C.D. was selected as the coordinating agency because of its good reputation in the community, and because it was already involved in counselling, group services, community development, consulting and professional education. As well, the agency uses the services of both professionals and volunteers. It is not intended that the C.P.C.D. should offer all suicide prevention services itself, rather it should coordinate existing services in the community. As stated in the C.P.C.D.'s proposal: "Ideally, our preference would be to operate within a framework of organized services and programs which would require the co-ordination and cooperation of allied service agencies in the Lethbridge area. Such an organization would be, as indicated in the Report of the Task Force on Suicides (Boldt Report), based on a detailed assessment of community resources and needs."

The initial grant to the C.P.C.D. was for the developmental phase of a co-ordinated network for the Lethbridge area. Specifically, there were eight terms of reference agreed to by the C.P.C.D.: 1) the formation of an inter-agency committee including the four or five key agencies comprising the core services, 2) negotiation of the specifics of each core agency's role and function in the service network, 3) plans for the coordination of services among the core agencies, 4) completion of all locations, personnel and procedural plans for a 24-hour crisis intervention service including professional medical, professional non-medical, police and volunteer components, 5) plans for the coordination of short and long term client treatment programs from point of entry, including referral, follow-up, record keeping and information exchange among the core agencies, 6) a strategy for informing the public and other agencies and professionals of the service, 7) a detailed budget for implementation of the pilot project, and 8) a statement

that the agency will agree to an outside, independent evaluation. A draft outline of the proposed Lethbridge model is presented in Appendix II.

The grant was approved by the Minister and funds were made available to the C.P.C.D. in March, 1982. On April 1, 1982 Dr. Jean Collins was appointed to the position of suicide prevention coordinator. Dr. Collins, a clinical psychologist and staff member of the C.P.C.D. for the past six and one-half years, had good contacts and respect in the community.

For the first month much of Dr. Collins' time was devoted to liaison work with other agencies and services in the City of Lethbridge. In April an interagency committee was formed consisting of representatives from the C.P.C.D, Alberta Mental Health Services and the Canadian Mental Health Association; three key core agencies. Dr. Collins also initiated contacts with other key agencies in Lethbridge to seek their cooperation in developing a coordinated suicide prevention, intervention and postvention service, and to identify what role each would play in the network. She also began developing strategies to fill the existing service gaps in Lethbridge.

Dr. Collins has found much support in her task among volunteers, professionals and other agency personnel. There has also been a large interest in the project, both from the agency level and from the public at large. The interest has grown as the project is developing.

Over the past six months four of the major gaps and needs which were identified during our January Lethbridge meetings have been focussed on: 1) the need for a 24-hour crisis intervention service, 2) the lack of adequate follow-up for suicidal people and for the suicidally bereaved, 3) the lack of adequate psychiatric facilities to accommodate suicidal patients, and, 4) the need for education and training at the local level. A great deal of developmental work has been done to address these needs.

To meet the need for a crisis intervention service, a volunteer Samaritan organization is being formed (see Appendix IV). In May Dr. Collins, while on vacation in England, visited three Samaritan branches. She met with Samaritan officials and received the approval of that organization to affiliate

with the American Samaritan branches. Training of volunteers is already underway for a Lethbridge Samaritan branch. As of the end of August, thirty volunteers had been trained and some of them will help train new volunteers. In order to operate a 24-hour crisis service approximately one hundred volunteers will be needed. There has been much public interest and support for this project and there is a waiting list for the next training session in October. There will be training for forty volunteers in October, with an additional thirty in November, bringing the total number of Samaritans to one hundred. Part of their work will involve telephone listening and part will involve befriending for suicide attempters and the bereaved.

A second phase pilot of the Samaritan service to run from October through December, 1982 at a start-up cost of $14,350.00 has been recommended for approval by the Committee.

In regard to follow-up, Dr. Collins has been in contact with Pat Orrell from the Edmonton C.O.R.E. (Crisis Outreach and Referral Evaluation) Program with a view to developing a similar service in Lethbridge. It is intended that those who come to hospital emergency departments with suicide attempts will be contacted by the Samaritans and, if appropriate, will also receive a referral to the C.P.C.D. for professional consultation. After the assessment the person might receive counselling at the C.P.C.D. or could be referred to Alberta Mental Health Services. During the period of treatment the person would receive ongoing support from a Samaritan volunteer.

Suicidal patients in Lethbridge are either sent to Ponoka or, as is often the case, they may be turned away with nowhere to go. To improve this situation, Dr. Collins is working through the Social Action Committee of the Canadian Mental Health Association to generate public support for accelerating the provision of psychiatric facilities in the new Regional Hospital to be built in Lethbridge. As plans now stand, the psychiatric ward is to come into being in about five years. The Social Action Committee is attempting to speed up the process so that this ward will be one of the first to be built. If the public lobbying is successful, active outreach and follow-up will become a real possibility in the Lethbridge area.

The need for education and training was the most consistently identified need at our meetings in Lethbridge. As the community suicide prevention network has been developing this need has become more urgent. Planning is currently underway to have a major field test of the provincial education and training project in Lethbridge sometime in early 1983.

In looking at the developments in Lethbridge, there is reason for excitement. In six months the foundation has been laid for an integrated program of suicide prevention, intervention and postvention services. Dr. Collins has been working enthusiastically and has received much valued support in the community. Over the next several months Dr. Collins would like to focus her efforts on extending services to the adjacent rural areas. She has received requests from several rural communities to begin active developmental work there. A grant application for a three-month (October 1 -December 31, 1982) field test of the suicide prevention network, that has been developed by Dr. Collins in the amount of $13,990.00 has been recommended for approval by the Committee.

The Lethbridge program is seen by the Committee as a prototype for the other community networks in the Province. The terms of reference spelled out above are the same terms of reference accepted by agencies in Fort McMurray, Red Deer and Medicine Hat. Furthermore, the core support model depicted in Appendix II will, with adaptations dictated by experience and local preferences, serve as a model for all of the smaller cities.

Fort McMurray: The Fort McMurray proposal is being developed under the leadership of Family and Community Support Services (F.C.S.S.). The City of Fort McMurray was granted $19,528.00 to carry out the necessary developmental work as specified by the eight terms of reference outlined in the Lethbridge proposal. The project is under the guidance of a local advisory council comprised of representatives from F.C.S.S., the R.C.M.P., the Health Unit, Alberta Mental Health Services, and the Regional Hospital Departments of Psychiatry and Emergency Services. As of July 31, 1982 Pearl Wolfe had been hired and had begun her work as coordinator of the project. Since assuming her responsibilities she has consulted with Dr. Collins of the C.P.C.D., Lethbridge. Currently, Miss Wolfe is interviewing agency people to determine

what suicide prevention, intervention and postvention services are available or needed in Fort McMurray. She is also making preliminary enquiries of agency personnel regarding their willingness to participate in a coordinated network of community suicide prevention services. She intends to get written commitments from agencies indicating the roles and responsibilities each agency is prepared to assume in the community network. Miss Wolfe has contacted fifteen of twenty-five agencies in Fort McMurray concerned with suicide prevention. In addition she is working with the local public education coordinator for the Canadian Mental Health Association on identifying local resource people for education and training.

Red Deer: The Women's Alternate Futures Society was identified as the agency in Red Deer to develop the coordinated network of community services. Sharon Comstock, on behalf of the Society, submitted a proposal to the Committee incorporating the eight terms of reference. A grant application in the amount of $25,650.00 was approved jointly by the Committee and the Provincial Suicidologist in May, 1982. At the time of this writing the grant application had not yet been processed. This unanticipated delay has prevented the Red Deer developmental work from going forward on schedule.

Grande Prairie: Following the Committee's visit to Grande Prairie, it was determined that this community was not ready to proceed with the developmental phase of a coordinated network of services. Family and Community Support Services of Grande Prairie have taken a leadership role in helping area agencies come together.

A steering committee has been formed to assess the feasibility of a community network. The committee has representatives from P.A.C.E. (Providing Assistance, Counselling and Education), Peace Counselling, Alberta Mental Health Services, the Regional Mental Health Advisory Council, the Indian Metis Friendship Centre, the Health Unit and several other agencies. Although progress has been achieved, they are not yet ready to proceed with a proposal for the developmental phase. Presently, they are awaiting the results of a federally funded survey on suicide in Grande Prairie before proceeding with a proposal and grant application to the Committee. The

Committee is impressed with the deliberate approach of Grande Prairie agencies to the problem.

Medicine Hat: The Medicine Hat community, after giving careful consideration to undertaking the developmental phase, requested further consultation with members of our Committee. Two Committee members met with the Director of the Community Services Division of the City of Medicine Hat, the Director of Social Planning, and Mr. Hub Fish, a highly regarded local volunteer. This meeting resulted in a subsequent proposal by the City of Medicine Hat to undertake the developmental phase work. The City's proposal incorporates the eight terms of reference outlined in the Lethbridge proposal.

These, then, are the communities in which coordinated suicide prevention networks are being developed. In Lethbridge the developmental phase is now near completion. The developmental work for the Fort McMurray project is currently in process. In Medicine Hat and Red Deer the work is about to begin. The Committee plans to assist in bringing the various project co-ordinators together periodically to compare notes and learn from each other's experiences.

CRISIS OUTREACH AND REFERRAL EVALUATION (C.O.R.E.) FOLLOW-UP PROGRAM

C.O.R.E. is a program of A.I.D. Service in Edmonton. It was originally funded in 1978 through Alberta Mental Health Services and the office of the Provincial Suicidologist. Realizing that those who have attempted suicide are at much higher risk to complete suicide than the general population, A.I.D. Service of Edmonton was given a grant to develop an active follow-up program for suicide attempters. The University of Alberta Hospital Emergency Unit was selected as the site of the program. Acceptance of volunteer workers in the Emergency Department has not come easily and it was more than a year before the program was approved by the hospital. Physicians were distrustful of volunteers at first, and even after the program was instituted referrals were slow in coming. But, as the hospital staff from the Emergency and Social Services Departments began to see the value of C.O.R.E. volunteers, referrals increased and are still increasing.

C.O.R.E. volunteers, working in Emergency, receive referrals, interview clients, assess personal, familial and community resources and refer the clients to appropriate agencies in the community. The advantage of running the program through A.I.D. Service is that A.I.D. operates a well established distress line and has the most comprehensive information and referral service in the city. C.O.R.E. volunteers are recruited from A.I.D. distress line workers and receive further training for the C.O.R.E. program.

Some of the suicidal clients receive short crisis intervention and follow-up. Others have been C.O.R.E. clients for a year or more. During the first eight months of 1982, 119 clients received follow-up services from C.O.R.E. Of these clients, forty-five were new referrals. During this period, thirty-five clients discontinued their relationship with C.O.R.E., leaving a case-load of eighty-four people at the end of August. A more detailed statistical account of the program is provided in the 1982 annual report, available from A.I.D.

This year C.O.R.E. received additional funding of $40,000.00 for expansion of their services in two directions. The first aspect of C.O.R.E.'s expansion was to provide a more comprehensive service to suicidal people in Edmonton. This is to be achieved by extending the service to other city hospitals and by expanding referral sources, most notably to include the police, who are often first on the scene following a suicide attempt. Efforts are currently being made to establish a working relationship with the Royal Alexandra Hospital where many suicide attempters arrive.

The C.O.R.E. program has received support from the Crisis and Child Abuse Unit of the Edmonton City Police. Arrangements have been made for C.O.R.E. volunteers to be seconded to the Police Department. This source of referral will markedly increase C.O.R.E.'s caseload.

In order to let all potential referral sources know about the C.O.R.E. program a brochure is being prepared. It will be distributed to prospective referral sources such as physicians, psychologists, emergency rooms and Alberta Mental Health Services.

The second aspect of C.O.R.E.'s expansion has involved the formation of a suicide attempters self-help group composed of long-term C.O.R.E. clients. As C.O.R.E. developed it became clear that some of the clients needed long-term follow-up but were not comfortable being referred to outside agencies in the community. They had, however, developed a trust in the staff and volunteers in the C.O.R.E. program. They also felt a need to meet with other clients in order to share experiences, coping mechanisms and ideas. The self-help group was funded and began operation on February 2, 1982. Sixteen C.O.R.E. clients have been involved in the self-help group so far and three ten-week sessions have been held.

Clients invited to be members of the group often are people identified as needing more support and encouragement than they have been getting in the community. Many have long histories of depression and suicide attempts. There is also, in the backgrounds of many clients, a history of physical and sexual child abuse. It is the impression of the group leaders that through the group many of these clients have started to deal with their problems and the realities of daily living.

CALGARY BEREAVEMENT PROGRAM

Postvention is perhaps the most neglected of suicide services. Outreach programs for those bereaved by suicide are necessary so that people who are suffering from suicidal bereavement of a family member or a close friend can begin to come to terms with the loss and continue their lives in a healthy way. These programs must involve outreach since many people are emotionally confused following a suicide and need encouragement to begin the painful process of sorting out their thoughts and feelings.

There are currently only four bereavement programs operating in Canada, two of which are in Alberta. The first program in Alberta was the Edmonton Suicide Bereavement Program begun in 1980 by the Provincial Suicidologist. The second is the Calgary Bereavement Program operated by the Canadian Mental Health Association, Calgary Region.

The Calgary program started as a pilot project in September, 1981 and was funded on the recommendation of our Committee and the Provincial Suicidologist in January, 1982. From January to April the program consisted of individual contacts and initial interviews. In May a group was formed. This first group consisted of six members. Bereaved persons who have been through the program and have resolved their loss can serve as an inspiration to other bereaved persons. Both the Edmonton and the Calgary programs use "graduates" from previous programs as volunteer resource persons. This approach is working well.

Some people feel more comfortable in a one-to-one or in a family therapy situation. That preference is respected by providing individual and family counselling opportunities. Referrals are also made, when appropriate, to other agencies. So far twenty-four clients have been served by the program.

Referrals to the program have come from a variety of sources such as the Medical Examiner's office, Alberta Social Services and Community Health, the Police Crisis Unit and the Calgary General Hospital. Some have been self-referrals. The program has relied largely on word-of-mouth advertising but plans are now being made for dissemination of information on the bereavement groups through pamphlets and posters as well as public speaking engagements.

The value of the program is attested to in self-reports of benefits by clients who have gone through the program. It is hoped that bereavement programs such as those in Edmonton and Calgary can be incorporated into all of the coordinated community outreach networks as they develop.

EDUCATION AND TRAINING

Education and training comprise the second essential element in the co-ordinated suicide prevention, intervention and postvention system. The need for education and training in suicide prevention was a consistently identified priority in all the communities that we visited. Our approach to meeting these needs has involved funding Alberta-wide projects that could respond to requests originating at the local level. The projects are province-wide because information about suicide and the principles of suicide

prevention are universally relevant and applicable. However, this information and these principles must be adapted to local community needs. Thus, community involvement in designing local education and training opportunities is essential. Three major projects have been recommended by our Committee and have been approved by the Minister.

SUICIDE INFORMATION AND EDUCATION CENTRE (S.I.E.C.)

Founded and administered under a grant to the Canadian Mental Health Association, Alberta Division, the concept for this Centre was designed by Dr. Bryan Tanney. Its purpose is to make available to gatekeeper groups, to researchers and to the public information about suicide and suicide prevention. There has been a five-year commitment to this project with $129,000.00 being granted during the first year, much of which was for hardware costs.

Located at the C.M.H.A. office in Calgary, the Centre is to serve Albertans through the C.M.H.A. regional offices. When fully operational, any resident of Alberta will be able to go into any C.M.H.A. office and request information about suicide prevention and about local suicide prevention resources. It is also possible to access the data base by remote computer terminal. Articles, books, films and other information will be housed at the Centre. People will have the option of requesting articles and information from the Centre by mail or telephone. If the Centre does not have the required information, the person will be referred to its location at the University of Calgary and elsewhere.

Over the past several months there have been the following developments:

1. The Centre has used the services of Linc Library Consultants who have helped to set up the data base. Dr. Bryan Tanney has been the primary volunteer consultant on this project. The data base consists of three types of files so that people can access information by subject, author, or title of document. The system will be accessible by the person desiring the information.

2. A collection development policy has been designed, specifying some of the services to be available from the Centre. These include institutional subscriptions, a current awareness service, an information exchange forum, an abstracting and cataloguing system and a document delivery service. It is intended that once a request is received, turn around time will be a maximum of two days plus posting time.

3. An information officer will serve as the main resource for inputting, updating and organizing materials held in the computer. This position will also serve as the major resource to those persons using the system who do not have immediate access to the computer terminal.

4. A promotion brochure is being developed, and periodicals are being contacted for advertising space. Demonstrations of the service are being planned for areas around the Province as well as for the American Association of Suicidology convention in 1983.

5. A strategy for familiarizing C.M.H.A. regional office staff with operations of the Suicide Information and Education Centre is currently being developed.

It is intended that the S.I.E.C. system will be opened to the public by January, 1983. It is anticipated that 1500 items will be entered into the data base by then. During the October through December period there will be limited availability of the collection to C.M.H.A. staff and to research people for comments and suggestions.

The S.I.E.C. has attracted considerable interest internationally. Members of the Canadian, American and International Associations of Suicidology are very supportive of the Centre and interested in how the Centre develops.

SUICIDE PREVENTION TRAINING PROJECT (S.P.T.P.)

While the main thrust of the S.I.E.C. is to gather, store and make available to the public information about suicide and suicide prevention there is also a need to develop our human resources. In each community there are people

who deal with suicidal people and the bereaved in some way. As we have seen, there is a desire by these professionals and volunteers to receive training in suicide prevention, intervention and postvention. There is also a need for public education as public awareness of the problem increases and as public interest grows. There are in the Province a number of people who have developed some expertise in suicidology, people who have done research on suicide, people who have developed and staffed distress lines and follow-up programs.

Over the past few years many of these people have been called upon to provide public education and inservice training in communities throughout Alberta. They have presented workshops and seminars in suicide prevention, intervention and postvention and some have addressed the public through the media. Until now, however, there has not been a coordinated systematic province-wide approach to providing education and training. Such an approach has become necessary to meet the needs of the community suicide prevention networks, the training needs of gatekeepers throughout Alberta, and the rising public interest in suicide prevention.

This year a grant to the Canadian Mental Health Association, Alberta Division, for $68,000.00 was approved to provide what C.M.H.A. refers to as "help for the helpers". This suicide prevention training project will be administered through the C.M.H.A. office in Calgary. It will be closely associated with the S.I.E.C. The goal of the S.P.T.P. is to provide education and training in suicide prevention to people from communities throughout Alberta. The project will develop through a series of stages.

The first stage, already underway, involves the identification and selection of people potentially capable of attaining a high degree of expertise in the field of suicidology. People are being contacted who have dealt with suicide in the past and who have an interest in serving as trainers and local resource people in their communities. Examples of such people are the coordinators of the community suicide prevention networks, medical practitioners, counsellors, and so on.

The second stage involves assessing the level of knowledge and expertise that each of the potential trainer resource people has, and determining what aspects of suicide these people have an interest in. This stage of the program will also involve training the selected people to a level of expertise so that they will be competent to serve as trainers and resource people in suicide prevention, intervention and postvention.

The third stage will involve the use of these trained people as consultants to help givers and the public in their local communities. They would also be used as trainers of gatekeepers through workshops, seminars, inservice training and public forums.

On August 23, 1982 Judy Morris assumed the position of Coordinator of S.P.T.P. The Coordinator will guide this project through all three phases. Currently, the Coordinator is assisting in the development of the Human Resources Inventory; is familiarizing herself with information to be used in the implementation of the training project; and, is working on the development of a questionnaire which will be used to identify specific training needs of local resource people.

There are currently three training modules under development by the Canadian Mental Health Association (C.M.H.A.), Calgary, dealing respectively with attitudes, knowledge and skills in suicide prevention, intervention and postvention. Teams of "facilitators" will be assembled from among the trainer/resource people to provide a consistent training package designed to meet the common training needs of gatekeepers. Initiatives for developing workshops and seminars are expected from the local level since local needs vary. Interest will be maximized if local trainer/resource people are actively involved in the training process.

The training modules and the proposed model for delivering them to gatekeepers will be field-tested in a series of workshops. These workshops will be financed through a combination of registration fees and grants. The first community to receive funding for such a workshop was High Prairie. The High Prairie Family and Community Support Services received a grant for $8,900.00 to organize and administer the workshop at the Alberta Vocational Centre, Grouard on September 24 and 25, 1982.

The Grouard workshop, designed by Professor Ramsay of our Committee in close cooperation with local agency personnel, will focus on the fundamentals of suicide prevention, intervention and postvention. The fundamentals sessions will be based on the attitudes, knowledge and skills modules under development by C.M.H.A., Calgary. There will also be general plenary sessions devoted to prevention and postvention issues.

The Grouard experience will be used to refine and improve the workshop content and format. In this way we hope to ensure that front line workers throughout Alberta will be brought up to a consistent and high level of skill in suicide prevention, intervention and postvention.

NATIVE COUNSELLING SERVICES OF ALBERTA (N.C.S.A.)

While suicide rates are generally high in Alberta research shows that the Native suicide rate is at least five times higher than that of the non-Native population. Our Committee set a high priority on suicide prevention programs designed for Native people, recognizing that Native communities differ significantly from non-Native communities. Cultural uniqueness and the fact that Native peoples tend not to seek help from "white" agencies indicated to us that Native people should have the opportunity to develop their own approaches to this problem. That is, education and training of Native workers should be done by proven and accepted Native organizations.

In June, 1982 the Committee and the Provincial Suicidologist recommended that Native Counselling Services of Alberta receive a grant for $47,939.00 in order to develop and field test a suicide prevention education and training program addressed to the specific needs of Alberta's Native people. The Minister has approved this grant and N.C.S.A. is about to begin this project.

RESEARCH

Suicide is still largely an enigma. More knowledge is needed before we can respond adequately to the problem of suicide in Alberta. Furthermore, as community suicide prevention networks evolve and as the education and training project develops there will be an increasing need for Alberta-based

research to update and improve service delivery and training materials. The required understanding can only result from quality research focused on Alberta's needs. On the recommendation of the Committee and the Provincial Suicidologist the Minister has approved funding to develop a detailed design for a Suicide Research Centre to be located at the University of Calgary. Planning for the Centre is currently underway. This year the University of Calgary was given a grant for $90,000.00. Fifty thousand dollars is for library acquisitions in suicidology and forty thousand dollars is to fund the development of a detailed proposal for the Centre.

THE RESEARCH CENTRE

A University-wide Multidisciplinary Research Centre Committee has been established: Dick Ramsay and Chris Bagley from Social Welfare; Janice Bell from Nursing; Merlin Brinkerhoff from Suicidology; Dave Miyauchi from Community Health Sciences; Tim Rogers from Psychology; Dave Romney from Education Psychology; and Sebastian Littman and Bryan Tanney from Psychiatry. The Committee is co-chaired by Prof. Ramsay and Dr. Tanney.

The Committee had seven meetings as of the end of August, 1982. During the spring and early summer, drafts of the proposed Research Centre were developed to detail the purposes, objectives and programs of the Centre as well as its structure and organization. The latest draft will be fully discussed with six of the world's leading researchers on suicidal behavior at a two-day consultation which will take place at the Kananaskis Environmental Research Centre near the end of October, 1982.

The October Consultation will be attended by the members of the University of Calgary Research Centre Committee, Dr. Boldt of our Committee and selected scholars who have published widely and have run research institutes. Three of these scholars are from the United States and three are from the United Kingdom. They include Norman Farberow, Brian Barraclough, Peter Sainsbury, Dan Lettieri,Ronald Maris and Norman Kreitman. Together these internationally renowned scholars have contributed more than one hundred years of work in suicidology. They have produced several hundred articles and books on the subject of suicide and self-destructive behavior. These scholars have also

developed and run suicide research units of international importance including the Los Angeles Suicide Prevention Center (Farberow).

This symposium will be of benefit not only because of the input that these scholars will provide to the Committee on the development of the Research Centre proposal, but it will also serve to acquaint these suicidologists with developments in Alberta. After the two-day consultation, the scholars will be invited to address a full-day public forum which will be open to a wider audience of resource people and other interested persons.

Following the symposium the University of Calgary Research Centre Committee will finalize the Research Centre proposal. The design proposal should be completed by the end of December, 1982 and will include a detailed critical path for implementation.

LIBRARY RESOURCES

Since May, 1982 a part-time librarian and a part-time typist have worked on building a collection on suicide. They are determining what resources are needed and initiating orders for materials which should be in the collection. It is intended that the collection will consist of academic titles rather than materials intended for the general public. This will avoid duplication of holdings at the Suicide Information and Education Centre. Materials being ordered include books, theses, periodicals, serials, conference proceedings, government documents and selected pamphlets.

A more detailed report and financial statement will be possible at the end of the fiscal year, March 31, 1983.

In this section the programs, projects and community networks that have been funded during our first year of operation have been described and updated.

SECTION IV

PROGRAM EVALUATION: APPROACHES

The fourth term of reference in the Ministerial Order mandates the Committee to monitor the progress of projects and programs funded by the Department. This implies continuing responsibility and involvement by the Committee in the projects and programs that it recommends for funding. In this section strategies for ongoing program and project evaluation will be discussed.

In Section III the various funded programs were described and brought up to date. No one program or community network by itself will reduce the suicide rate in Alberta. It will take a concerted effort by each community working within the context of an overall framework. There must be an integration of the community-based outreach networks and the provincially-based education and training, and research projects.

Our Committee is addressing the need for coordination of services at the local as well as at the provincial level. In evaluating the funded programs it will be essential that we keep in mind the overall goal of reducing suicides in Alberta and providing well coordinated services to suicidal people and to the bereaved. This will mean that our program evaluation efforts will themselves have to be well coordinated. It would be inadequate to evaluate each program in isolation, separate and distinct from the others. If, for example, we expect people working within the Fort McMurray network to take advantage of the Suicide Prevention Training Project, to access the Suicide Information and Education Centre, and to apply the new knowledge generated by the Suicide Research Centre in order to improve their services, it will be necessary in the evaluation process to view these activities as parts of a whole.

We have already begun that work. We have, for example, insisted that each agency that has taken on the developmental work for a community network program accept the basic model and agree to the eight terms of reference, including outside evaluation. In addition, we are planning opportunities for

close liaison among local suicide prevention network coordinators, and between the education and training project personnel and community resource people. We anticipate that the Research Centre will be in ongoing communications with other project personnel.

To date, the duration of the funded programs has been too short for meaningful evaluation. In this interim period we have relied on periodic progress reports on the various programs from agency staff. But, in future these and other programs will have to have outside evaluation. Objective evaluations must be done by people who are independent of the programs being evaluated. The Committee has set aside adequate money for this purpose. Several of the program budgets were reduced by deleting program evaluation items so that outside evaluations could be funded. In the next year, as we plan the evaluation process, we will begin seeing how our ideas about suicide prevention, intervention and postvention work in practice. Alberta is unique in this repect. In no other jurisdiction is there such a concerted coordinated effort.

We will be assessing the performance of each project and program within the framework of our overall goals. We will have to ensure that the research that is carried out in the Research Centre is disseminated to those who can effectively use it throughout the Province. We must be satisfied that gatekeepers are not only aware of the Suicide Information and Education Centre but are effectively using it. We must ensure that training of gatekeepers proceeds apace. We will want to be assured that staff in the community networks and the proposed regional services are effectively benefitting from the Alberta-wide programs and resources. Research done at the Research Centre at the University of Calgary and elsewhere must respond to regional and community needs. In short, suicide prevention, intervention and postvention services are interrelated and these interrelationships must be encouraged to develop.

This means that program evaluation should be seen within an overall framework which includes the elements of outreach, education and training, and research with each element developing in concert with each of the others. Over the next several months we will be developing an overall evaluation strategy and

we will be funding evaluation proposals that could serve as models for evaluation for years to come. We want to ensure that programs develop in an orderly, cost efficient and effective manner. It is through the evaluation process that we can ensure that this happens. This will help put each of the individual evaluations into perspective and will ensure the coordinated development of the components of suicide prevention, intervention and postvention services in Alberta.

SECTION V

FUTURE COMMITTEE INITIATIVES

We have covered a great deal of ground over the past year. We have travelled throughout the Province visiting agencies in Alberta's smaller cities. We have identified gaps in services, assessed the readiness of communities and agencies to fill those gaps, offered financial and consultative assistance to agencies, and encouraged communities to take action to fill those gaps. Many gaps still exist, however, and over the next few years we will be encouraging communities to fill them in a coordinated way.

During the next year we will be concentrating on three new areas of service needs: 1) suicide prevention, intervention and postvention in rural areas, 2) suicide prevention in Alberta's schools, and 3) liaisons with agencies indirectly involved in suicide prevention.

RURAL AREAS

A program of suicide and non-accidental self-injury prevention, intervention and postvention must be designed to meet the needs of our rural population. The needs of the rural areas are not very different from those of the urban areas. That is, rural residents are also requesting 24-hour crisis intervention services, competent professional medical and non-medical treatment services, volunteer follow-up services and bereavement counselling services. They also identify training and education in suicide prevention, intervention and postvention as an urgent need.

Urban models for delivering such services are not appropriate to rural areas, however. Innovative approaches that will work in rural areas must be developed. The Committee plans to take a regional approach to developing appropriate suicide prevention, intervention and postvention services in rural areas. We plan to work closely with rural Interagency Councils currently functioning in each region of the Province. Our first meetings to establish a rural suicide prevention, intervention and postvention service

took place in the Yellowhead region on August 31 and September 1, 1982. Additional meetings are planned for other rural regions. We anticipate that these meetings will provide the Committee with the information needed to make sound recommendations to meet suicide prevention needs in rural areas.

Populations in rural areas are too small to justify or to sustain locally-based crisis lines. We see a need for a province-wide rural telephone crisis intervention service, backed up by local professional and volunteer workers. This involves a communications system and network that would allow people who are in distress to contact a centralized crisis intervention service and to receive prompt and competent help. This implies that arrangements must be in place to provide, as needed, effective local professional and volunteer assistance. The Committee is currently investigating various aspects of such a service and the feasibility of such a model for Alberta.

SCHOOLS

Suicide, particularly among young people, reflects a need to cultivate at an early age problem solving and social living skills, and a positive self-concept. While some children are fortunate enough to learn these skills and to achieve a positive self-concept within the family context, many children are denied this opportunity at home.

The school offers the first opportunity to intervene and to make remedial efforts. The needed response within the school system can occur only if the curriculum provides an appropriate emphasis on the needs of such children; and if teachers and school counsellors are aware of the role that they can play in suicide prevention. They must have the knowledge to be effective in fulfilling that role. The Committee, in the upcoming year, will be devoting special attention to this area.

LIAISONS

There are within the Province many governmental and other agencies who indirectly and often unknowingly contribute to the overall suicide prevention effort. Although too numerous to identify here, two examples of such agencies are A.A.D.A.C. (Alberta Alcoholism and Drug Abuse Commission) and the numerous community-based family service agencies. The effectiveness of these agencies in preventing suicide can be significantly improved by appropriate training of staff and better interagency communication. The Committee plans to initiate contacts with such agencies and to begin the process of helping them to improve their effectiveness.

The programs and projects currently underway and those that will be initiated in the months to come will, we believe, begin to bring suicide prevention, intervention and postvention services to all Albertans through outreach, education and training, and research. In this coordinated way we expect that those people who find themselves in suicidal crises or who have suffered the suicide of a relative or friend will get the help they need quickly, efficiently and effectively. The end result, we believe, will be a reduction in the number of lives lost through suicide in Alberta. That is our goal.

APPENDIX I

LIST OF CONTACTED AGENCIES

The following is a list of those agencies with whom the Committee met during our visits to the various smaller cities in Alberta:

Lethbridge

Young Women's Christian Association
604 Eighth Street South
(Mrs. Mary Walker)

Alberta Mental Health Services
220 Fifth Avenue South
(Mr. Adin Stafford)

St. Michael's General Hospital
13 Street and 9th Avenue South
(Sister Genevieve)

Centre for Personal and Community Development
205 Professional Bldg.
(Ms. Lorita Itchikawa)

Lethbridge Public School Board
433 - 15 Street South
(Dr. Roger Barnsley)

Canadian Mental Health Association
1412 Ninth Avenue South
(Mr. Trevor Smith)

Regional Mental Health Advisory Council
c/o Department of English
University of Lethbridge
(Dr. Roy McKenzie)

Lethbridge City Police
444 Fifth Avenue South
(Superintendent Bathgate)

Foothills Detoxification Centre
806 - 18th Street
Fort Macleod
(Ms. Sheila Wasicnua)

Dr. Robert Russell
Cardston

Blood Indian Band
Standoff
(Ms. Dolly Creighton)

Alberta Alcholism and Drug Abuse Commission
220 Fifth Avenue South
(Mr. Bob Graham)

Peigan Indian Band
Brocket
(Mr. and Mrs. Julius English)

Lethbridge Municipal Hospital
9th Avenue and 18th Street South
(Mr. Doug Schindeler)

Grande Prairie

Mental Health Services
600 Nordic Court
(Mr. Duncan Adams)

Peace River/Grande Prairie Regional Mental Health Council
10231 - 108 Avenue
(Mrs. Phyllis Beairstro)

Grande Prairie General Hospital
10409 - 98 Street
(Dr. Tom Mountain)

Alberta Alcoholism and Drug Abuse Commission
103 - 9905 - 100 Street
(Mrs. Marina Samuel)

Beaverlodge High School
Beaverlodge
(Mr. Mac Kufeld)

Composite High School
11202 - 104 Street
(Ms. Marg Simpson)

Montrose Junior High School
10201 - 99 Street
(Ms. Birgit Anderson)

Alexander Forbes School
7240 Poplar Drive
(Mr. Bruce Faunt)

Canadian Mental Health Association
North Region, 10110 - 91 Avenue
(Ms. Margaret Kay)

Grande Prairie Friendship Centre
9252 - 112A Avenue
(Mrs. Angie Crerar)

Salvation Army Wapiti House
10057 - 98 Avenue
(Mrs. Monk)

Family and Community Support Services
9925 - 100 Avenue
(Mr. Lane Smith)

Family and Community Support Services of Lesser Slave Lake
Box 999, High Prairie
(Audry Gale)

Fort McMurray

Fort McMurray Health Unit
42 Riedel Street
(Mr. Bob Ewashen)

Public School Board
9597 Franklin Avenue
(Ms. Yvonne Walsh)

Salvation Army
137 Erindale Road
(Captain Lindsay Rowe)

Social Services
9913 Biggs Avenue
(Mr. Allan Faldin)

R.C.M.P.
425 Gregoire Drive
(Sgt. Pete Forrester)

Family and Community Support Services, Neighbour Aids Program
42 Riedel Street
(Ms. Linda Turner)

Distress Line
7429 Railway Avenue
(Ms. Maureen O'Brien)

Pastew Place Detoxification Centre
505 Sakitawaw Trail South
(Mr. Cal McGaughey)

Alberta Alcoholism and Drug Abuse Commission
10003C Biggs Avenue
(Ms. Bev Haiste)

Fort McMurray Health Unit
42 Riedel Street
(Ms. Sheila Bloxham)

Mental Health Services
9913 Biggs Avenue
(Mr. Colin Reynolds)

Red Deer

Women's Alternate Futures Society
Box 5005, Red Deer College
(Ms. Margaret Fisher)

Mental Health Services
4920 - 51 Street
(Mr. Mark Dimersky)

Red Deer General Hospital
3942 - 50A Avenue
(Mrs. Sandy Harper-Jaques and Dr. Gwyneth Bell)

Salvation Army
5211 Gaetz Avenue
(Captain Hewitt)

Better Way, Peoples Church
6002 - 54 Avenue
(Mr. Don Oddison)

Family and Community Support Services
4914 - 48 Avenue
(Mr. Lorne Jaques)

Anglican Church of St. Luke
4929 - 54 Street
(Rev. Archie McMullin)

Canadian Mental Health Association
116 - 4818 Gaetz Avenue
(Mr. Gary Lee and Ms. Bev Gutray)

Red Deer School District No. 104 (City)
4747 - 53 Street
(Dr. Bruce Handley)

R.C.M.P. City Detachment
4811 - 49 Street
(Staff Sgt. Hutmacher)

Red Deer Family Service Bureau
400 - 4808 Ross Street
(Mr. Chuck Tyson)

Medicine Hat

Medicine Hat Police Department
169 Ash Avenue S.E.
(Sgt. Hardy)

Alberta Alcoholism and Drug Abuse Commission
631 Prospect Drive
(Mr. Stan Wiens)

Canadian Mental Health Association
205 - 631 Prospect Drive S.W.
(Ms. Ann Hall)

Social Services and Community Health
152 - 631 Prospect Drive S.W.
(Mr. Frank E. Lockwood)

Medicine Hat and District Hospital
666 Fifth Street S.W.
(Mary Wilson and Doris Shabatka)

Medicine Hat Women's Shelter Society
631 Prospect Drive S.W.
(Donna Stetic)

Mental Health Services
247 - 631 Prospect Drive S.W.
(Mr. Edward P. Benning)

City of Medicine Hat
202 - Fifth Avenue S.E.
(Bob Wanner and Elmer Reigner)

Medicine Hat Health Unit
770 First Street S.E.
(Dr. Ken Clementi)

Medicine Hat Rural School Division No. 4
147 Sixth Street S.E.
(Bob Gehring, Ken Craven, Keith Jones and Jim Surina)

Medicine Hat School District No. 76
601 First Avenue S.W.
(Fred Kramer and Brent Cowan)

APPENDIX II

LETHBRIDGE NETWORK MODEL

SUPPORT SERVICES

Psychiatric Assessment and Treatment
- AMHS (outpatient)
- Municipal Hospital (inpatient)

Medical Assessment and Treatment
- Municipal Hospital
- St. Mechael's Hospital

Residential Treatment
- Foothills Detox
- Harbour House
- Sifton House

Emergency Accommodations
- Foothills Detox
- Harbour House
- St. Michael's

Emergency Financial Assistance and Child Welfare
- Social Services and Community Health

Emergency Medics and Pickup Service
- ambulance

Public Protection
- police and firefighters
- emergency measures
- block parents

CORE CRISIS SERVICES

(Advisory Board)

C.P.C.D.
- access to coordinated C.I. services
- 24-hour immediate intervention and referral and short term intervention for clients and colleagues
- non-medical and volunteer resources
- coordination and follow-up

POLICE
- includes outreach and backup

A.M.H.S.
- non-medical and hospital psychiatric immediate and short term intervention

C.M.H.A.
- volunteer recruitment and screening
- follow-up programs

SUPPORT SERVICES

Medical Assessment and Treatment
- Municpal Hospital
- St. Michael's Hospital

Psycho-social Assessment and Short-Term Treatment
- AMHS
- CPCD
- St. Michael's Social Services
- Municipal Hospital Social Services

Psycho-social Community Supports
- AMHS
- CPCD
- CMHA - Hospital
  - Bereavement
  - Self-help
- Blood Reserve, Council Health Unit

Counselling, General
- CPCD
- AMHS

Counselling, Special
- YWCA
- AADAC
- School Board
- Pastoral

APPENDIX III

PROGRAM HIGHLIGHTS

The following are the key developments which have taken place in the programs funded in the areas of outreach, education and training, and research during our first year.

I. Outreach

A. Community Networks

1. Lethbridge

a. Coordinating body: Centre for Personal and Community Development
b. Developmental grant of $24,994.00 approved
c. Coordinator hired: March, 1982
d. Interagency committee formed
e. Samaritan branch being organized

1) 30 volunteers trained
2) 70 more volunteers to be trained

f. Grant of $14,350.00 for three-month pilot project of Samaritans recommended

g. Referral network being developed
h. Grant of $13,990.00 for three-month pilot project of network system recommended

2. Fort McMurray

a. Coordinating body: City of Fort McMurray
b. Developmental grant of $19,528.00 approved
c. Coordinator hired: July, 1982
d. Fifteen of twenty-five agencies contacted
e. Identifying resource people for S.I.E.C.

3. Red Deer

a. Coordinating body: Women's Alternate Futures Society
b. Developmental grant of $26,650.00 recommended
c. Awaiting grant approval

4. Grande Prairie

   a. Interagency steering committee formed
   b. Suicide survey underway
   c. Will await results of survey before applying for grant

5. Medicine Hat

   a. Coordinating body: Community Services Division of City

   b. Grant of $10,100.00 recommended

B. C.O.R.E. expansion

1. Agency: AID Service of Edmonton

2. Grant of $40,000.00 approved

3. C.O.R.E. Follow-up Program expansion

   a. Liaisons with Royal Alexandra Hospital and Police Crisis and Child Abuse Unit

4. Suicide Self-help Group

   a. 16 clients
   b. 3 sessions of 10 weekly meetings held
   c. 50% of clients have attended 10 or more meetings

C. Bereavement program (Calgary)

1. Agency: C.M.H.A.

2. Grant of $29,000.00 approved

3. Started as pilot in September, 1981

4. Funded: January, 1982

5. 1 staff/7 volunteers

6. 30 clients served

7. Individual and family counselling: 18 clients

8. Bereavement group: 12 clients, 2 groups so far

9. Bereavement committee formed

10. Advertising strategy being developed

II. Education and Training

A. Suicide Information and Education Centre (S.I.E.C.)

1. Agency: C.M.H.A.

2. Grant of $129,000.00 approved

3. Five-year commitment

4. Computerized information system

5. To be available to all Albertans

6. Coordinator hired

7. Hardware purchased

8. Collection development policy designed

9. Use of consultants

   a. Linc Library Consultants
   b. Dr. Bryan Tanney (Volunteer)

10. Will hire information officer

11. Brochure being developed

12. Inservices planned

13. 1500 items to be entered by October to December period

14. Public availability by January, 1983.

B. Suicide Prevention Education and Training Project

1. Agency: C.M.H.A.

2. Grant of $68,000.00 approved

3. Development of human resources

4. Three stages

   a. Identification of resource people: Underway

   b. Testing level of knowledge (Questionnaire being developed) and training of trainers in workshops around province

   c. training of gatekeepers throughout Alberta

5. Coordinator hired: August, 1982

6. First field-test workshop: A.V.C., Grouard, September, 1982

   a. High Prairie Family and Community Support Services
   b. Grant of $8,900.00 for workshop approved
   c. 130 agency people registered for workshop
   d. To serve as model for future workshops

C. Training of Native Workers

1. Agency: Native Counselling Services of Alberta

2. Grant of $47,939.00 approved

3. To develop training materials for Native workers

4. To pilot test materials

III. Research: University of Calgary Research Centre

A. Library Resources

1. Grant of $50,000.00 approved

2. Part-time librarian and typist hired

3. Materials being ordered

   a. Books: $2500.00-$3000.00
   b. Theses: 212 for $2544.00
   c. Selected periodicals, serials, government publications

B. Research Centre Committee

1. Grant of $40,000.00 approved

2. 9 member multidisciplinary committee formed

3. 7 meetings held

4. Developing detailed proposal for Research Centre

5. Will hold symposium in October to be attended by internationally renowned scholars

6. Will revise proposal following symposium

7. Final proposal deadline: November, 1982

APPENDIX IV

THE SAMARITANS IN BRITAIN

A joint publication of:

The International Association for Suicide Prevention and
The American Association of Suicidology

For a long time the suicide picture in England followed the pattern of other industrialized nations, hitting a peak during the social and economic upheaval of the 1930's and then dropping slightly, with the rate for men falling while the rate for women remained essentially the same. Then, after 1955, the incidence of suicide in the elderly began to decrease noticeably while the rate in the middle-aged tapered off slightly. The incidence for those under 25 remained about the same. Overall, a slight increase followed, hitting a peak of 12.2 per 100,000 in 1963. From that time on, the rate fell steadily, decreasing by about 200 deaths a year, until 1975, when it reached an all time low of 7.5 per 100,000.

Although the rate has risen somewhat since then, the fact remains that in a single decade the number of deaths by suicide in Great Britain decreased by an impressive 2,000 per year, a decrease of more than one-third. This improvement was accomplished at a time when the economy and social climate of the nation were similar to the suicide ridden 1930's. In the midst of industrial unrest, rising unemployment, economic crisis, and at a time when most of the rest of the world was witnessing rapidly increasing suicide rates, England made a startling improvement.

Perhaps the most important statistic from England is one that does not look like an improvement at all - that the incidence of suicide in young people, those in their teens and early twenties, remained essentially unchanged. What makes this maintenance of the status quo stand out is what was going on in the rest of the world. In such diverse populations as California and Finland, for example, the suicide rate for this age group doubled during the decade of the early sixties to early seventies.

What accounts for the overall one-third drop in suicide in Britain during a period of unrest within the country and at a time when other nations found their suicide rates steadily and substantially increasing? The difference cited by most experts is the nation-wide Samaritan organization, a network of about 170 suicide prevention centers that brings help to within a few miles of almost everyone in the country.

Great Britain, of course, is not the only nation to have suicide prevention centers. But in general its centers appear to have been more successful in preventing suicide than those of most other countries, including those in which much more money has been spent on the suicide prevention effort. A number of factors have been listed that set England's Samaritans apart from the suicide prevention centers of other countries.

One of those factors is uniformity. All Samaritan branches are operated similarly, each offering confidential, immediate telephone accessibility 24 hours a day, a drop-in center during daylight hours where lonely and suicide-prone people can find help and friendship, and a "flying squad" to react to suicidal emergencies. Selection, preparation and continuing supervision of volunteers meet the same criteria in all branches, and each branch is subject to inspection by a panel empowered to close it down if it does not measure up to standards. The resulting uniformity makes it possible to publicize the same message throughout the British Isles, thus achieving universal recognition and understanding.

The strength of the country-wide image of the Samaritans was borne out by a national opinion poll in 1975 showing that 92 per cent of the adult population was aware of the Samaritan organization. The overwhelming majority of people surveyed had an accurate and sympathetic knowledge of the services. It is to this intimate understanding of its function and purposes that the Samaritans attribute a decline in suicide in Britain at a time when economic circumstances led experts to predict a rise.

Remaining close to the people is another factor in the Samaritans' success. Its branches are widely spread, with the smallest in a town of 12,000 people and with 14 branches in the Greater London area alone. This wide distri-

bution of branches enables each branch to remain small and to maintain a closer sense of personal contact with the community it serves.

The wide recognition of the Samaritan name precludes confusion and lets people know where to turn for a specific kind of help. In the United States, on the other hand, many cities have large numbers of varied emergency telephone services. People, unsure of which to call, often call the wrong one for the type of help they are seeking or call several and get conflicting and confusing advice. Callers in desperate and immediate need of help sometimes reach an answering service or recorded message.

The fact that the Samaritans do not work by telephone alone is an important benefit. Their centers are places where people can come and find someone to talk to. This openness to personal contact has proved to be a valuable asset.

Instead of employing professionals, all Samaritan branches are run by trained volunteers, an attribute that some experts suggest takes away the cold clinical aura that many people associate with suicide prevention centers in other nations. The volunteers are noted for their enthusiasm and for the personal attention with which they help those who are in trouble. They all receive the same training and all practice the same principles, which adds to the sense of unity and understanding with which the organization is perceived by people throughout the country.

In their dealings with clients, the volunteers do not offer counselling, which is available from qualified people for those who need and request it. What is offered at the lifting of a telephone or the knocking on a door is what Samaritans call "befriending": the listening, accepting, understanding, caring - friendship - of a volunteer who is personnally involved.

Whether the principles of the Samaritan organization will produce equally favorable results in other countries remains to be seen, and centers are currently being established outside of Great Britain to determine if they will be more effective than the methods of suicide prevention currently applied by the host country.